

Name
in
Full

Emma Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Burnt Mills* ^{County} *Montgomery* **MARYLAND**

Date of death 190 ³ *Feb* ²⁴ *Day* Age ³⁷ *Years* Months *Days*

Sex *Female* Color or Race *Colored* Birth-place *Md.*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband

Father's Name *John Craig* Father's Birthplace

Mother's Maiden Name *Lizzie Craig* Mother's Birthplace

Name of person giving information *27* How related to deceased

CAUSES OF DEATH

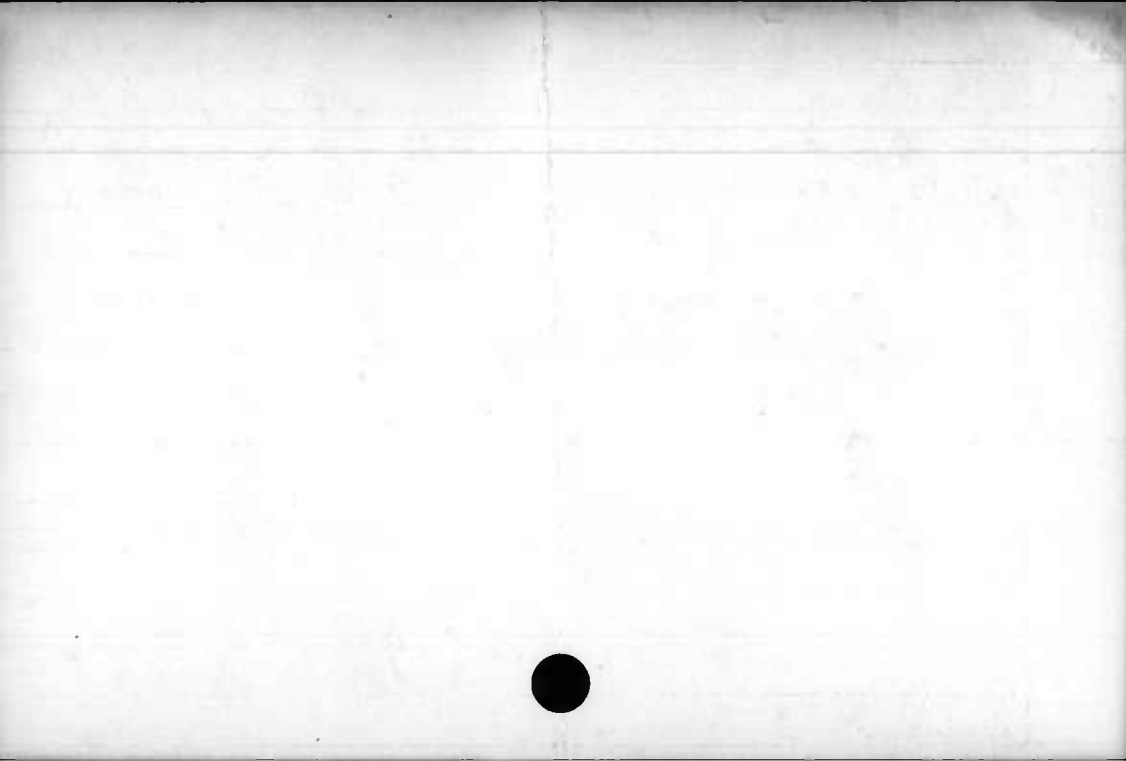
Primary *Pulmonary Tuberculosis* How long *About 12 mos.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Brown*

Address *Burnt Mills Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry J. Baker

Died at *Cotterville* ^{Town}

Monroe ^{County}

MARYLAND

Date

of death 1903

Month

Feb

Day

20

Years

Age

84

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

*forward to
md*

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Arie Baker

Father's
Name

Can't possibly find out

Father's
Birthplace

Mother's
Maiden Name

Johnson

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

old age 154

How long

12 hrs

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

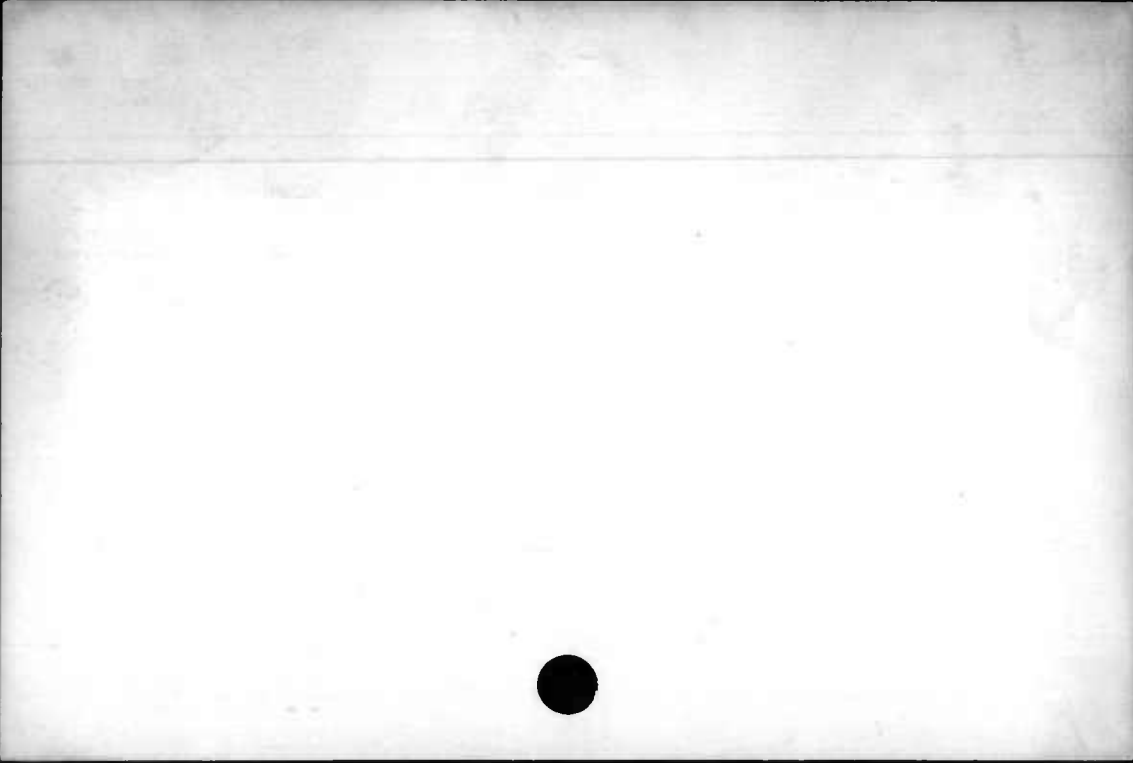
Signature of
Physician

Address

*J. R. Batson
Cotterville
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Bitter Barnes

County

MARYLAND

Died at

Montrose

Montgomery

Occupation

Date

1903

Month

Day

Y.

M.

D.

Native of

Feb 10

Age

1

-

4

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Wilson Barnes

Mother's

Name

Bitter Barnes

Cause of

Primary

Tuberculosis

How long sick

6 mo.

Death

Immediate

weakness

Accident, Suicide, Homicide

Reported by

W. L. Lewis M D
Kensington
Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Sarah E. Blundon

Town

County

Died at *Southern Heights* *Montgomery* MARYLANDDate *1903* *2* *28* *77-018* *D.C.* *Housewife*~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

9

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

2 weeks

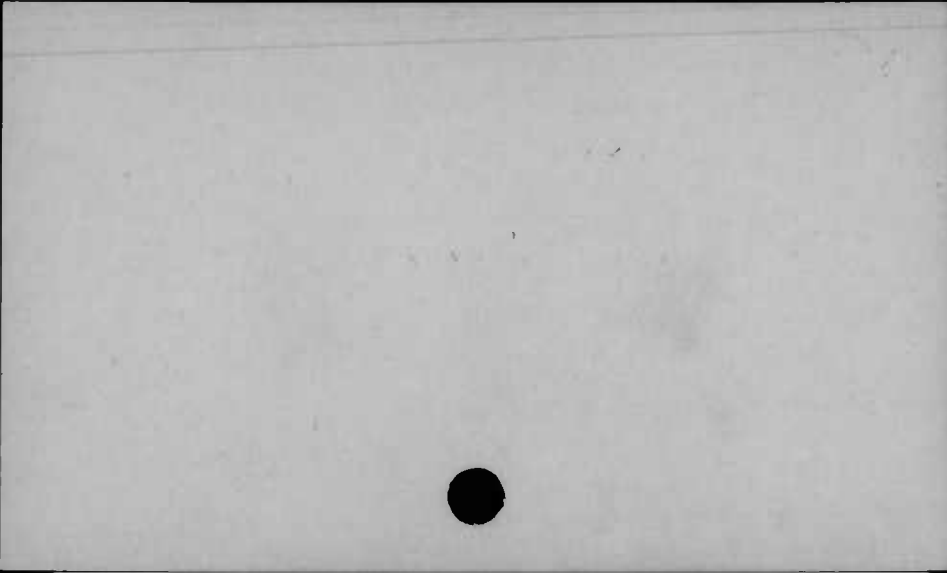
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568



Mary Comfort

Town

County

MARYLAND

Died at

*Poolesville**Montgomery*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*03**Feb. 17*

Age

*2 yr**md*~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Celia Comfort

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

93

Accident, Suicide, Homicide

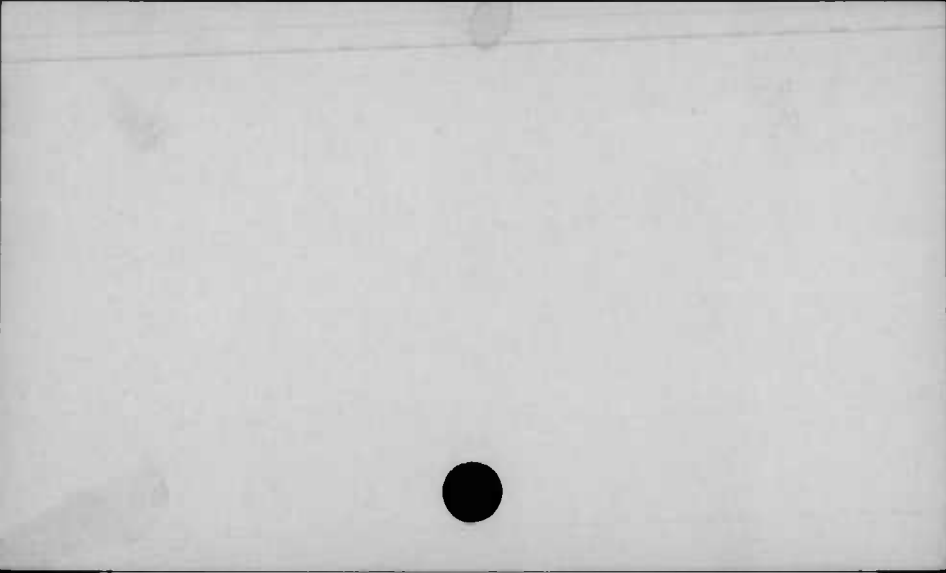
Reported by

J. S. Poole

Address

*Poolesville**MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susanna Craver

Town

County

Died at

MARYLAND

Date

1903 Feb 26 Y. M. D. 74 11 8 Native of Frederick Occupation Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

10

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

How long sick

17 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75048

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

Died at

Date 1897

Husband

Wife

Father's

Name

Cause of

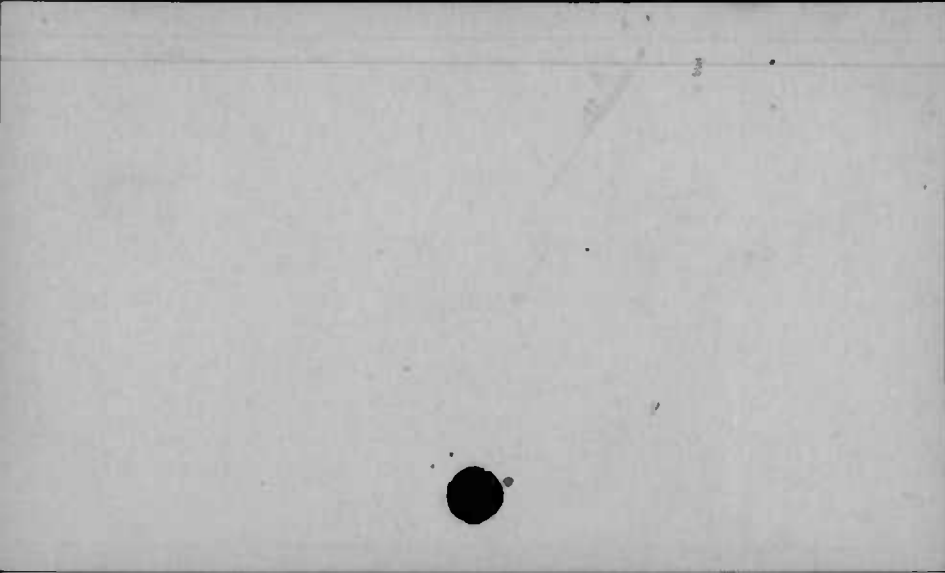
Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Blanche Leokelle Davis
 Town Winnington County Maryland
 Died at Winnington MARYLAND
 Date 1897 Nov 6 Month Nov Day 6 Y. 1 M. 10 D. 23
 Native of Ind Occupation md
 Age 1-10-23
 White Married Widow Divorced
 Female Colored Single Widower Number of children living 2
 Husband of W. M. J. Davis
 Wife Blanche C. Davis
 Father's Name W. M. J. Davis Mother's Name Blanche C. Davis
 Cause of Death { Primary Choking Death & one week
 Immediate Uremic Convulsions How long sick one week
 Accident, Suicide, Homicide one week
 Reported by Charles H. Davis
 Address Winnington Md



Name
in
Full

CERTIFICATE OF DEATH

Jas H G. Magruder

Polomac

Town

Montgomery

County

MARYLAND

Died at

Date

of death 190

3

Month

Feb

Day

6th

Years

Age

27

Months

X

Days

Sex

male

Color or
Race

Negro

Birth-
place

Md.

Married, Single
or Widowed

Married.

Occupation

Laborer.

Name of Wife or
Husband

Hester Magruder.

Father's
Name

Lloyd Magruder.

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Hodge

Mother's
Birthplace

Md.

Name of person giving
In formation

Sarah Magruder.

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis.

27

How long

Two years.

Immediate

Pulmonary haemorrhages

How long

5 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

No physician in
attendance

Accident or Suicide?

X

H. H. Pratt M.D. Sub regis trar

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Isabella Mathews

CERTIFICATE OF DEATH

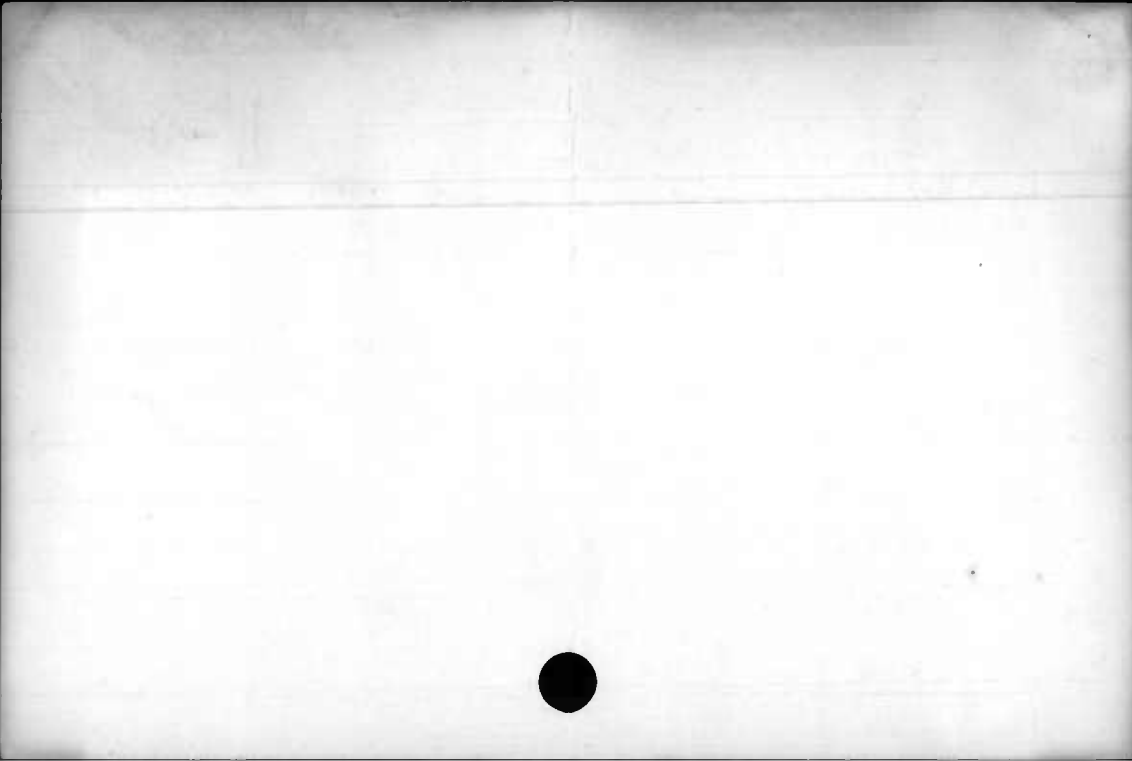
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burak Mills</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>0</i>	Years <i>6</i>	Months <i>17</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Elija Mathews</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rueinda Stueck</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>"</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebro-Spinal Meningitis</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Brown</i>
	Address <i>Burak Mills</i>
Accident or Suicide?	<i>Md</i>



Name in Full

Certificate of Death

Francis Adalaida Presnell

Town

County

MARYLAND

Died at

Cherry Chase

Montgomery

Date 1913
189

Month

Day

Y

M.

D.

Native of

Occupation

Jul 16.

Age

62.07.29

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

one

Husband

of

Wife

Father's

Name

Jno H. Presnell

Mother's

Name

- 120

Cause of

Primary

Chronic Nephritis

How long sick

one mo.

Death

Immediate

Uremic Poisoning

Accident, Suicide, Homicide

Reported by

Wm M Gray M D

Address

Cherry Chase Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Proctor
Town *Proctorville* County *Montgomery* MARYLAND
Died at
Date 1903 *Feb 22* Y. *Still born* M. D. *Ind* Native of Occupation
Male *White* Married *Widow* Divorced
Female *Colored* Single *Widower* Number of children living

Husband of
Wife

Father's Name *Albert Proctor* Mother's Maiden Name *Leah Lyles*

Cause of Death { Primary *Shoulder presentation* How long sick
Immediate *Asphyxia* Accident, Suicide, Homicide

Reported by *Albert Proctor*

Address *Proctorville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Ray

Town

County

Died at near Rockville Montgomery MARYLAND

Date 19 33 Feb 8th Age 55- Native of Md. Occupation Farmer

Male White Married Widew Divorced

Female Colored Single Widower Number of children living two

Husband of

Matilda Ray

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

Reluctancy 27

Accident, Suicide, Homicide

Reported by

E & Stonestreet

Address

Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chelton
 Town County

Died *Mar Rockville Md* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19*03* *2* - *14* Age *2* *Med.*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced
 Number of children living ~~X~~

Husband of ~~X~~
 Wife

Father's Name *Henry Chelton* Mother's Maiden Name *Maggie Wood*

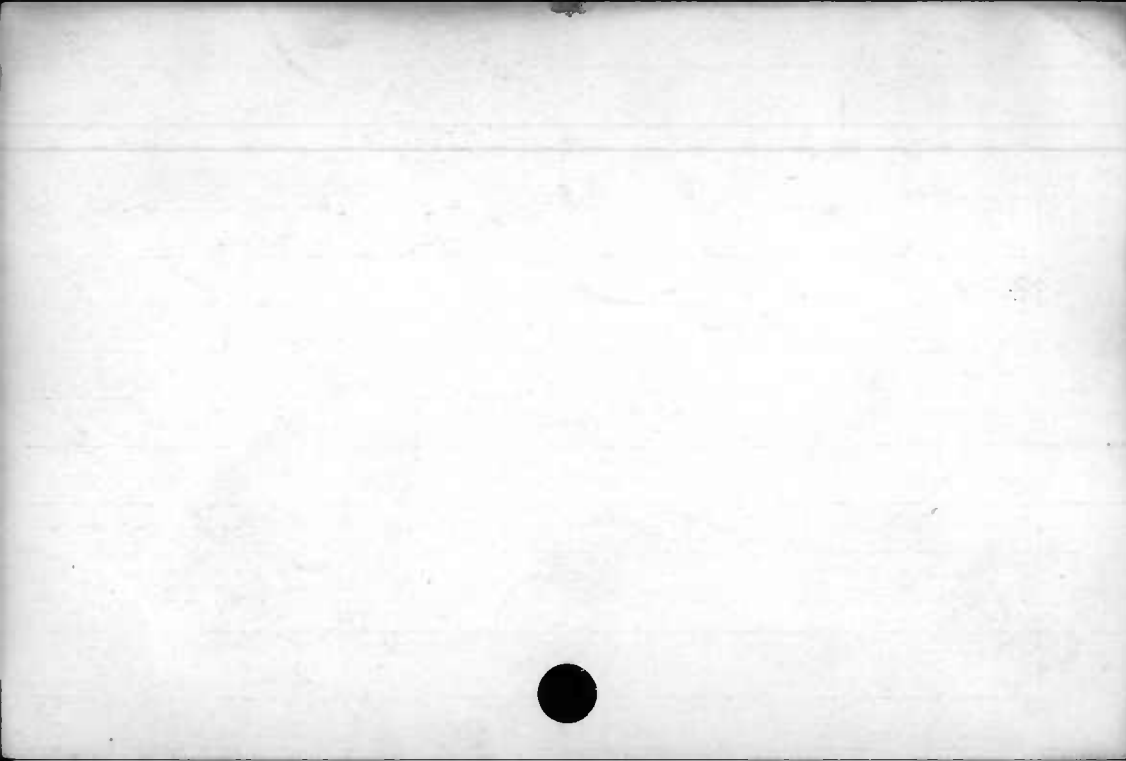
Cause of Death { Primary *Hemorrhage from* Immediate *embolism* 154
 How long sick ~~X~~
 Accident, Suicide, Homicide ~~X~~

Reported by *O. M. Litchfield M.D.*
 Address *Rockville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Nora Sisk				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cabin John ^{Town}		Montgomery ^{County}		MARYLAND
	Date of death 190 3		Month Feb.		Day 2		Age 36
	Sex Female		Color or Race White		Birth- place Va.		Months — Days —
	Married, Single or Widowed		Married		Occupation		House wife
	Name of Wife or Husband						James N. Sisk
	Father's Name				John Cockrell		Father's Birthplace Va
	Mother's Maiden Name				Mary J. Wine		Mother's Birthplace Va
	Name of person giving in formation				James N. Sisk		How related to deceased Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				Phthisis Pulmonalis		
	Immediate				Exhaustion		
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				E. D. Gorman, M.D.		
				Address			Alexandria, Va.
Accident or Suicide?							



Name in Full

Certificate of Death

Eliza Anne Taylor

Town

County

MARYLAND

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903 Feb. 19

Age

59

Married

Widow

Divorced

Md. Housewife

Male

White

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid Fever
Chronic Gastritis

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Gus W. Jones

Address

Aurington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name
in
Full

CERTIFICATE OF DEATH

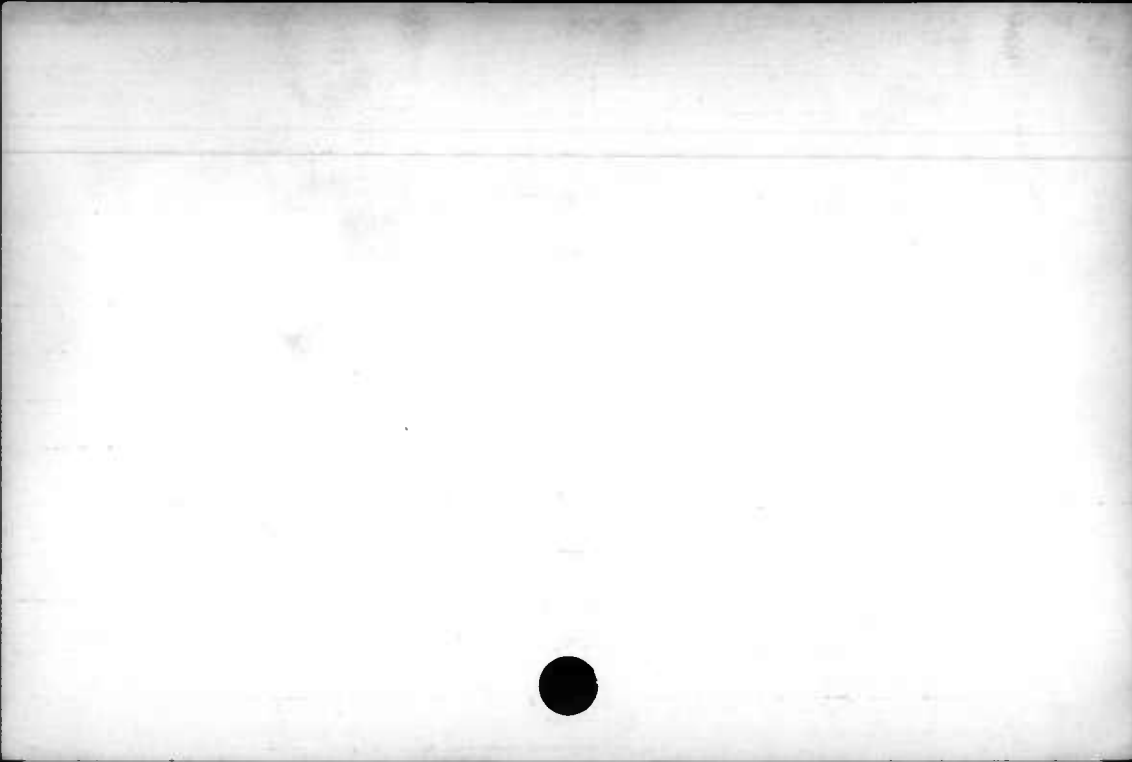
TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Thomas		Spencer		Montgomery		MARYLAND	
Died at		Town		County			
Date of death 1903	Feb	Day 11	Age 79	Months 2	Days		
Sex female	Color or Race Black		Birth-place Howard Co Md				
Married, Single or Widowed		Married		Occupation Cook			
Name of Wife or Husband		Eg Thomas					
Father's Name				Father's Birthplace			
Mother's Maiden Name Mary Burgess				Mother's Birthplace			
Name of person giving Information Geo Thomas				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate	Heart Failure	How long	93
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. R. Batson	
		Address Spencer	
Accident or Suicide?			



Name in Full

Certificate of Death

John C Thompson

MARYLAND

Died at ^{Town} Bochen Montgomery ^{County}Date 1903 ^{Month} Feb ^{Day} 20 ^{Y.} 36 ^{M.} Ind ^{D.} Farmer
 Male ☒ ~~Female~~ White ☒ ~~Colored~~ Married ☒ ~~Single~~ Widow ☒ ~~Widower~~ Divorced ☐ Number of children living 1Husband of Leanna M Higgins
 Wife Ann Thompson of C ^{Mother's} Auna Burns
 Name Ann Thompson of C ^{Maiden Name}
 Cause of ☒ Primary Chronic Hepatitis with Cancerous ^{How long sick} about 2 1/2 or 3 months
 Death ☒ Immediate Asthenia ^{Accident, Suicide, Homicide}Reported by W H Dyeon Ind 114Address Laytonville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Mary Turner

Town

County

Died at

Mound

Montgomery

MARYLAND

Date

1903

Month

2

Day

8

Y.

M.

D.

Native of

Occupation

Age

68-

-

-

md

housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 7

Husband

of

James F Turner

Wife

Father's

Name

Jacob Knipf

Mother's

Name

Ann Knipf

Cause of

Primary

Pulmonary Phthisis

How long sick

6-months

Death

Immediate

slight Pneumonia

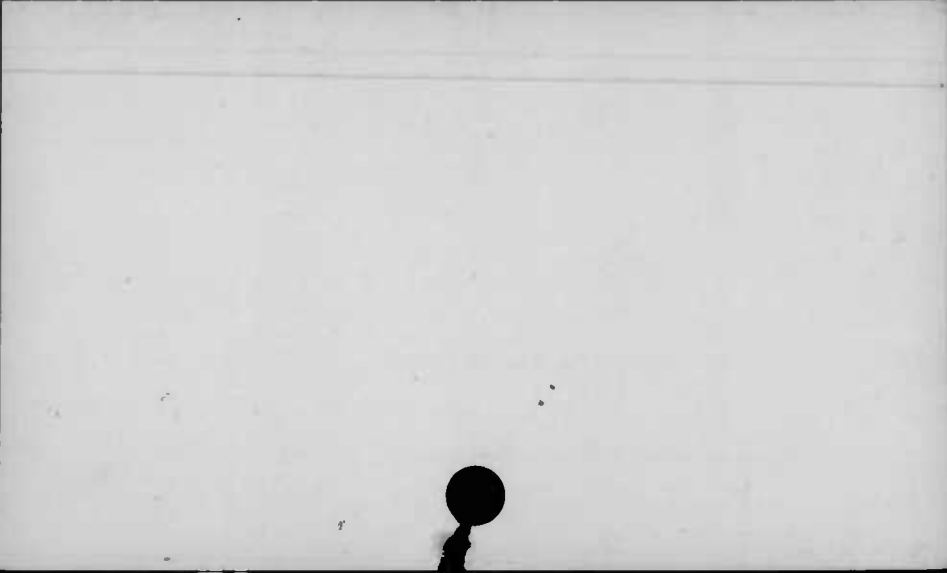
Accident, Suicide, Homicide

Reported by

Roger Burke

Address

Sandy Spring Md



Name in Full

Certificate of Death

Walker

Died *near Sandy Spring* Town *Montg. Co.* County *MARYLAND*

Date *1903* Month *Feb.* Day *24* Y. *—* M. *—* D. *—* Native of *Montg. Co. Md* Occupation *—*

Male *White* Married *Widow* Divorced *—*

~~Female~~ Colored Single ~~Widower~~ Number of children living *—*

Husband
of

Father's Name *Thomas Walker* Mother's Name *Mary Walker*

Cause of Death { Primary *Breech presentation.* How long sick *—*

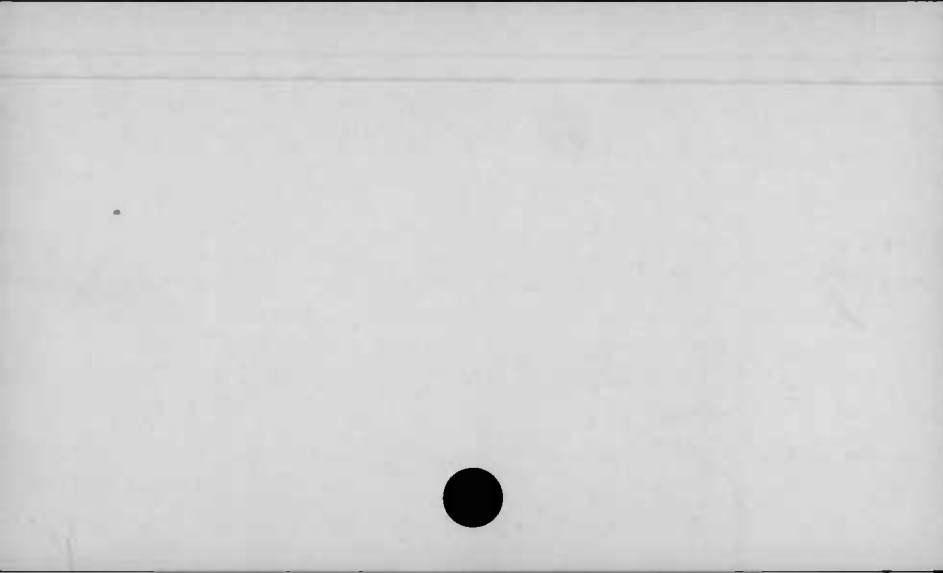
Death { Immediate *—* Accident, Suicide, Homicide *—*

Reported by *Thomas Walker (Parent)*

Address *Sandy Spring* *Montg. Co. Md.*

For Thomas by W. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Joseph White*
 Town *Folesville* County *Montgomery*
 Died at *Folesville* *Montgomery* MARYLAND
 Date 19 *03* Month *Feb* Day *26* Age *78* Y. *1* M. *15* D. *md* Native of *md* Occupation *Farmer*
 Male *White* Married *Widow* ~~Divorced~~
~~Female~~ *Colored* ~~Single~~ ~~Widower~~ Number of children living *8*

Husband of *Ann White*
 Wife *Ann White*
 Father's Name *Benjamin White* Mother's Maiden Name *Rachael Chiswell*

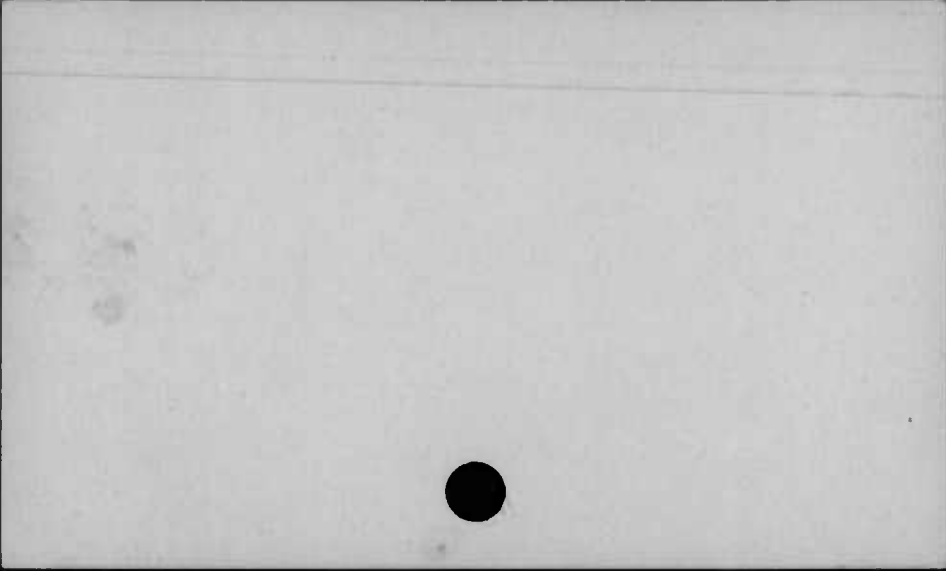
Cause of Death { Primary *Pleuro Pneumonia* How long sick *7 weeks*
 Immediate *93* Accident, Suicide, Homicide

Reported by

Address

R. H. Walling M.D.
Folesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Louisa Williams

Town

County

Died at

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 17

Age

55

Virginia

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

8

~~Husband~~

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Paralysis

How long sick

2 days

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by

John L. Lewis M.D.

Address

Bethesda

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5500

